

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Humanity Forward Fund		FEC IDENTIFICATION NUMBER ▼ C C00712497	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Blackman, Travis, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020	
Mailing Address 3223 Jennings Street		Amount 20.00	
City Sioux City	State IA	Zip Code 51104	Transaction ID : EDT.E.68
Purpose of Expenditure Research	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Cohen, Lawrence, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2020	
Mailing Address 12006 Hammack Street, Apt. C		Amount 2341.81	
City Culver City	State CA	Zip Code 90230	Transaction ID : PDT.E.68
Purpose of Expenditure Online Ads	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 02 / 02 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2361.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deane, Shawnda, , ,***[Electronically Filed]**

Date

MM / DD / YYYY
02 / 04 / 2020

Signature

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Full Name of Payee Cohen, Lawrence, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020	
Mailing Address 12006 Hammack Street, Apt. C			Amount 1737.75	
City Culver City	State CA	Zip Code 90230	Transaction ID : PDT.E.69	
Purpose of Expenditure Online Ads		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		150348.36	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Elgert, Erick, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020	
Mailing Address 3700 28th Street, Space 321			Amount 20.00	
City Sioux City	State IA	Zip Code 51105	Transaction ID : EDT.E.69	
Purpose of Expenditure Research		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		150348.36	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1757.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Gray, Jason, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 210 NE Trilein Drive, Apt. 6		Amount 20.00
City Ankeny	State IA	Zip Code 50021
Purpose of Expenditure Research	Category/ Type 24E	Transaction ID : EDT.E.70 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Kea, Brandon, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 204 Elmwood Drive		Amount 20.00
City Council Bluffs	State IA	Zip Code 51503
Purpose of Expenditure Research	Category/ Type 24E	Transaction ID : EDT.E.71 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Laub, Mitch, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 116 High Street, SW, Apt. 1C		Amount 20.00
City Mitchellville	State IA	Zip Code 50169
Purpose of Expenditure Research	Category/Type 24E	Transaction ID : EDT.E.78 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 150348.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee McNeish, Elijah, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 822 14th Street, SE		Amount 20.00
City Cedar Rapids	State IA	Zip Code 52403
Purpose of Expenditure Research	Category/Type 24E	Transaction ID : EDT.E.79 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 150348.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Nash, Mark, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 3219 SW 12th Place		Amount 20.00
City Des Moines	State IA	Zip Code 50315
Purpose of Expenditure Research	Category/ Type 24E	Transaction ID : EDT.E.77 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 150348.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Putnam, Dan, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 124 W. 9th Street		Amount 20.00
City Cedar Falls	State IA	Zip Code 50613
Purpose of Expenditure Research	Category/ Type 24E	Transaction ID : EDT.E.76 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 150348.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Rasler, Shawn, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 2015 W. 68th Street		Amount 20.00
City Davenport	State IA	Zip Code 52806
Purpose of Expenditure Research	Category/ Type 24E	Transaction ID : EDT.E.75 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 150348.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Rosewall, Kenneth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 3223 Jennings Street		Amount 20.00
City Sioux City	State IA	Zip Code 51104
Purpose of Expenditure Research	Category/ Type 24E	Transaction ID : EDT.E.74 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 150348.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Rosewall, Nichole, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 3223 Jennings Street		Amount 20.00
City Sioux City	State IA	Zip Code 51104
Purpose of Expenditure Research	Category/Type 24E	Transaction ID : EDT.E.73 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 150348.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Wahl, Doug, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2020
Mailing Address 208 Iowa Avenue		Amount 20.00
City Fairfield	State IA	Zip Code 52556
Purpose of Expenditure Research	Category/Type 24E	Transaction ID : EDT.E.72 Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 150348.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	4319.56

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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